

## **INSTRUCTIONS**

Please read carefully before returning the completed application to the WCWCD

- 1. All sections must be completed. If a section is not applicable, fill in with "N/A."
- 2. The city verification must be completed and signed by an authorized city representative.
- 3. Please confirm impact fee amount with district staff prior to payment.
- 4. The city will withhold building permit or certificate of occupancy if payment funds are insufficient.
- 5. Make checks payable to "WCWCD."

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533 E. Waterworks Dr. St. George, Utah 84770 (435) 673-3617 www.wcwcd.org

| RESIDENTIAL BUILDING PERMIT IMPACT FEE APPLICATION AND RECEIPT   |        |      |       |          |  |  |  |
|--|--------|------|-------|----------|--|--|--|
| APPLICANT INFORMATION  |        |      |       |          |  |  |  |
| Name   |        |      |       |          |  |  |  |
| Address  |        |      |       |          |  |  |  |
| City   |        |      | State | Zip code |  |  |  |
| Telephone  |        |      |       |          |  |  |  |
| Email  |        |      |       |          |  |  |  |
| OWNER INFO   | ORMAT  | TION |       |          |  |  |  |
| Name   |        |      |       |          |  |  |  |
| Address  |        |      |       |          |  |  |  |
| City   |        |      | State | Zip code |  |  |  |
| Telephone  |        |      |       |          |  |  |  |
| LOT INFORM   | IATION | 1    |       |          |  |  |  |
| Address  |        |      |       |          |  |  |  |
| City   |        |      | State | Zip code |  |  |  |
| Subdivision  |        |      |       | Phase    |  |  |  |
| Lot number   |        |      |       |          |  |  |  |
| Other legal description  |        |      |       |          |  |  |  |
| Serial Number  |        |      |       |          |  |  |  |
| WCWCD certification is made based on information and representation given by applicant. Any false or misleading information may render this certification null and void. |        |      |       |          |  |  |  |
| I hereby certify that the above-referenced information is true and correct.  |        |      |       |          |  |  |  |
| APPLICANT'S AUTHORIZED SIGNATURE:  |        |      |       |          |  |  |  |

| Subdivision                        | on Name: Lot#:  | Lot#:     |  |  |
|------------------------------------|---|-----------|--|--|
|                                    | CITY VERIFICATION   |           |  |  |
| City or Toquervil permit issuance. | lle Secondary Water System will provide secondary water for irrigation to this par                          | rcel at   |  |  |
| City Authorized S                  | Signature:  |           |  |  |
| Meter size                         | size of new meter   |           |  |  |
|                                    | size(s) of existing meter(s) if applicable  |           |  |  |
| Lot size                           | square feet   |           |  |  |
| •                                  | the accuracy of this information and is prepared to issue a building permit for conced in this application. | struction |  |  |
| CITY AUTHORI                       | IZED SIGNATURE:   |           |  |  |
|                                    |   |           |  |  |
|                                    | WCWCD CERTIFICATION   |           |  |  |
| This will certify t                | that the required impact fee has been paid as follows:  |           |  |  |
| Potable Impact Fo                  | Pee Pee   |           |  |  |
| Potable Retail Im                  | npact Fee   |           |  |  |
| TSWS Impact Fe                     | ee  |           |  |  |
| Total Paid                         |   |           |  |  |
| Paid by                            |   |           |  |  |
| Check Number                       |   |           |  |  |
| Date paid                          |   |           |  |  |
| WCWCD AUTH                         | IORIZED SIGNATURE:  |           |  |  |